

SUMMONS FOR DEFENDANT
 SUMMONS FOR WITNESS

DOCKET NUMBER
[REDACTED]

**Trial Court of Massachusetts
District Court Department**

SESSION: [SEVERITY CODE]

NAME, ADDRESS AND ZIP CODE OF DEFENDANT

Commonwealth vs. [REDACTED]

NAME AND ADDRESS OF COURT DIVISION

Taunton Trial Court
40 Broadway
Taunton, MA 02780

YOU MUST
APPEAR AT
THIS COURT
ADDRESS ON
THE DATE
AND TIME
SPECIFIED
HEREIN

NAME, ADDRESS AND ZIP CODE OF WITNESS

KATE CORBETT, CHEMIST
DEPT OF PUBLIC HEALTH, STATE LAB
305 SOUTH ST
BOSTON, MA 02130

DATE AND TIME OF APPEARANCE
Jury Trial
April 10, 2012 at 08:30 AM

DATE

TIME

OFFENSE(S)

CONSPIRACY TO VIOLATE DRUG LAW c94C §40, DRUG,
POSSESS TO DISTRIB CLASS A c94C §32(a) and HEROIN, BEING
PRESENT WHERE KEPT c94C §35

TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH:

You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable age and discretion then residing therein, or by mailing it to the last known address of the defendant or witness.

NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.

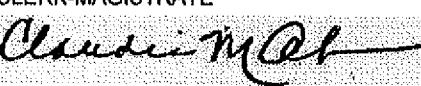
To the above named Defendant Witness:

You are hereby ordered to appear in this Court on the appearance date noted above.

To answer to a criminal complaint charging you with the offense(s) listed above.

To give evidence and testify on behalf of the Commonwealth Defendant
in the matter described above, and to appear from time to time and day to day
thereafter as ordered. You are further required to bring with you:

Please check in at the victim/witness desk located on the 3rd floor

WITNESS:	FIRST JUSTICE Hon. Kevin J. Cunningham	DATE OF ISSUE March 29, 2012	CLERK-MAGISTRATE 
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RETURN OF SERVICE

I hereby certify that I served the within summons upon the above named Defendant Witness by

Delivering a copy of it personally to the defendant or witness.

Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with a person of suitable age and discretion residing therein.

Mailing a copy of it to the last known address of the defendant or witness.

I received the summons on _____ but I was unable to make service because: _____

DATE RECEIVED

DATE OF SERVICE

SIGNATURE OF PERSON MAKING SERVICE

TITLE OF PERSON MAKING SERVICE

<input type="checkbox"/> SUMMONS FOR DEFENDANT <input checked="" type="checkbox"/> SUMMONS FOR WITNESS	DOCKET NUMBER [REDACTED]	Trial Court of Massachusetts District Court Department	
SESSION: [SEVERITY CODE]	NAME AND ADDRESS OF COURT DIVISION		YOU MUST APPEAR AT THIS COURT ADDRESS ON THE DATE AND TIME SPECIFIED HEREIN
NAME, ADDRESS AND ZIP CODE OF DEFENDANT	Taunton Trial Court 40 Broadway Taunton, MA 02780		
Commonwealth vs. [REDACTED]	DATE AND TIME OF APPEARANCE Jury Trial April 10, 2012 at 08:30 AM		
NAME, ADDRESS AND ZIP CODE OF WITNESS KATE CORBETT, CHEMIST DEPT OF PUBLIC HEALTH, STATE LAB 305 SOUTH ST BOSTON, MA 02130	DATE	TIME	

To the above named Defendant Witness:

You are hereby ordered to appear in this Court on the appearance date noted above.

To answer to a criminal complaint charging you with the offense(s) listed above.
 To give evidence and testify on behalf of the Commonwealth Defendant
 in the matter described above, and to appear from time to time and day to day
 thereafter as ordered. You are further required to bring with you:

Please check in at the victim/witness desk located on the 3rd floor

WITNESS:	FIRST JUSTICE Hon. Kevan J. Cunningham	DATE OF ISSUE March 29, 2012	CLERK-MAGISTRATE <i>Claraci M. O'Brien</i>
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WARNING TO DEFENDANT OR WITNESS

Failure to appear in accordance with this summons may result in the issuance of
 a warrant for your arrest. Please bring this document with you to court.

ATENCION:

Esta es una notificación oficial de la corte.
 Si usted no sabe leer inglés, obtenga traducción !

DATE OF SERVICE	SIGNATURE OF PERSON MAKING SERVICE	TITLE OF PERSON MAKING SERVICE
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